

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034245

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. Registrar's No. 87

FILED OCT 10 1962

1. PLACE OF DEATH

a. COUNTY Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Salem MO.Length of stay in 1b
20yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Hart HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Dent

c. CITY OR TOWN Salem MO. Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
Washington Ave- Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Blanche C. Davies4. DATE OF DEATH
Month Day Year
October 1 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
2-1-18799. AGE (last birthday) 83
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Manager

10b. KIND OF BUSINESS OR INDUSTRY
Hotel11. BIRTHPLACE (City and state or country)
Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Jenkins Clinton

13b. MOTHER'S MAIDEN NAME

Ava Williams

14. NAME OF HUSBAND OR WIFE

Harry Davies. Decea

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Junita Clinton Salem Mo.

18. CAUSE OF DEATH (Enter only one cause per line for terminal and non-terminal)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute myocardial infarction

DUE TO (c)

Arteriosclerotic Heart Disease

2 1/2 wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Obesity & Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/8/62 to 10/1/62 and last saw her alive on 10/1/62
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

B. J. Bass MD

22b. ADDRESS

Salem, Mo

22c. DATE SIGNED

10/5/62

23a. BURIAL, CREMATION, REINTERMENT (Specify)

Buried

23b. DATE

10-4-62

23c. NAME OF CEMETERY OR CREMATORY

Cedar Grove Cem.

23d. LOCATION (City, town, or county) (State)

Salem Mo.

24. FUNERAL DIRECTOR

ADDRESS

Spencer Funeral Home

Salem Mo.

25. DATE RECD. BY LOCAL REG.

10/3/62

26. REGISTRAR'S SIGNATURE

M. M. Hart M.D. by Am

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl H. Prince

Licensed Embalmer No. 370

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.